

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214514197				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AAFP Insurance Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MO</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F1742230</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500
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COMMON	500					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11400 TOMAHAWK CREEK PKWY Suite 430</p> <p style="text-align: center;">CITY/ST/ZIP: LEAWOOD, KS 66211-2672</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J. THOMAS KOCH, RHU TITLE: PRESIDENT ADDRESS: 14714 NORWOOD CITY/ST/ZIP/CO: LEAWOOD, KS 66224 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J. THOMAS KOCH, RHU TITLE: PRESIDENT ADDRESS: 14714 NORWOOD CITY/ST/ZIP/CO: LEAWOOD, KS 66224	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL HUGHES MELTON, MD DIRECTOR MOUNTAIN STATES HEALTH ALLIANCE 16000 JOHNSTON MEMORIAL DRIVE ABINGTON, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE ANN WEIDA, MD DIRECTOR READING HOSPITAL & MEDICAL CTR 301 S. SEVENTH AVE., SUITE 2120 WEST READING, PA 19611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jessica N Johnson, MD DIRECTOR 3303 SW Hume St Portland, OR 97219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Harry Clifford Knight, MD DIRECTOR 10310 Middlebrook Ct McCordsville, IN 46055	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jason E. Marker, MD DIRECTOR 66642 State Rd 331 PO Box 90 Wyatt, IN 46595	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daniel Spogen, MD DIRECTOR 545 Calle De La Plata Sparks, NV 89441	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD L. MARSH, CPA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD L. MARSH, CPA, VP/TREASURER PRINTED NAME AND CORPORATE TITLE	3/18/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			